

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC ☐ CLEC ☒ ILEC ☒ Wireless

224675
2010.134A

CERTIFICATED COMPANY INFORMATION

Sandhill Telephone Cooperative _____
Company Name

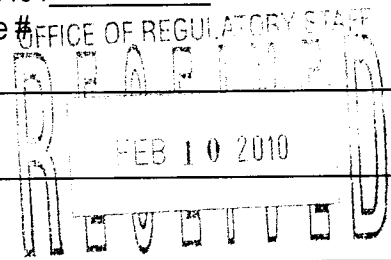
Sandhill Communications/Sandhill Wireless _____ (843)658-3434 _____
Dba/fka Telephone #

PO Box 519 _____
Mailing Address

Jefferson SC 29718 _____
City, State, Zip Code

122 S Main St _____
Business Location

Jefferson SC 29718 _____ Chesterfield _____
City, State, Zip Code County



REGISTERED AGENT INFORMATION

Registered Agent: Jeanne Oliver _____

Mailing Address: PO Box 519 _____

City, State, Zip Code: Jefferson SC 29718 _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Irvin Williams _____
General Manager (Include address if different than above.)
(843)658-3434 /(843)658-7700 / Irvin.williams@shtc.net
Telephone Number Facsimile Number E-mail Address
- B. Jeanne Oliver _____
Customer Relations /Complaints Representative (Include address if different than above.)
(843)658-6845 /(843)658-6844 / Jeanne.oliver@shtc.net
Telephone Number Facsimile Number E-mail Address
- C1. Marshall Sowell _____
Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)
(843)658-3111 /(843)658-7700 / marshall.sowell@shtc.net
Telephone Number Facsimile Number E-mail Address
- C2. (800)523-2610 prefer local (843)658-3434 _____
Customer Contact (Toll Free Number)
- D. Dean Gulledge _____
Engineering Operations (Include address if different than above.)
(843)658-6840 /(843)658-7700 / dean.gulledge@shtc.net
Telephone Number Facsimile Number E-mail Address
- E. Dean Gulledge _____
Test and Repair (Include address if different than above.)
(843)658-6840 /(843)658-7700 / dean.gulledge@shtc.net
Telephone Number Facsimile Number E-mail Address

F. 24/7 Repair Service _____
Emergencies (During non-office hours)
(843)658-3471 or (866)521-7776 / n/a / n/a
Telephone Number Facsimile Number E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Jeanne Oliver _____
Regulatory Officer (Include address if different than above.)
(843)658-6845 / (843)658-6844 / Jeanne.oliver@shtc.net
Telephone Number Facsimile Number E-mail Address

H. Jeanne Oliver _____
Dual Party Mailings (Name)
PO Box 519 Jefferson SC 29718
Mailing Address
(843)658-6845 / (843)658-6844 / Jeanne.oliver@shtc.net
Telephone Number Facsimile Number E-mail Address

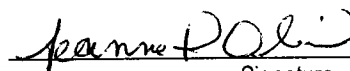
I. Susan Melton _____
Interim LEC Fund Mailings (Name)
PO Box 519 Jefferson SC 29718
Mailing Address
(843)658-6846 / (843)658-7700 / susan.melton@shtc.net
Telephone Number Facsimile Number E-mail Address

J. Susan Melton _____
Universal Service Fund Mailings (Name)
PO Box 519 Jefferson SC 29718
Mailing Address
(843)658-6846 / (843)658-7700 / susan.melton@shtc.net
Telephone Number Facsimile Number E-mail Address

K. Raymond Fisher _____
Gross Receipts Mailings (Name)
PO Box 519 Jefferson SC 29718
Mailing Address
(843)658-6837 / (843)658-7700 / Raymond.fisher@shtc.net
Telephone Number Facsimile Number E-mail Address

L. Jeanne Oliver _____
Lifeline Mailings (Name)
PO Box 519 Jefferson SC 29718
Mailing Address
(843)658-6845 / (843)658-6844 / Jeanne.oliver@shtc.net
Telephone Number Facsimile Number E-mail Address

Marshall Sowell by Jeanne Oliver _____
This form was completed by (print name)


Signature

Operations Manager _____

Title

February 9, 2010 _____

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

(Rev. PSC 01/2010)